PHOTOGRAPHIC ATLAS OF THE DISEASES OF THE SKIN

BY

GEORGE HENRY FOX

PARTS 6-8

PHOTOGRAPHIC ATLAS

OF THE

DISEASES OF THE SKIN

BY

GEORGE HENRY FOX, A.M., M.D.

PART V.

SYCOSIS
SCROFULODERMA
SYPHILODERMA PAPULO-SQUAMOSUM
ECZEMA PAPULOSUM
MORPHŒA
(TWO ILLUSTRATIONS)

PHOTOGRAPHIC ATLAS

OF THE

DISEASES OF THE SKIN

A Series of Eighty Plates, comprising One Hundred Illustrations

Photographed from Life and Colored by Hand

BY

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ETC.

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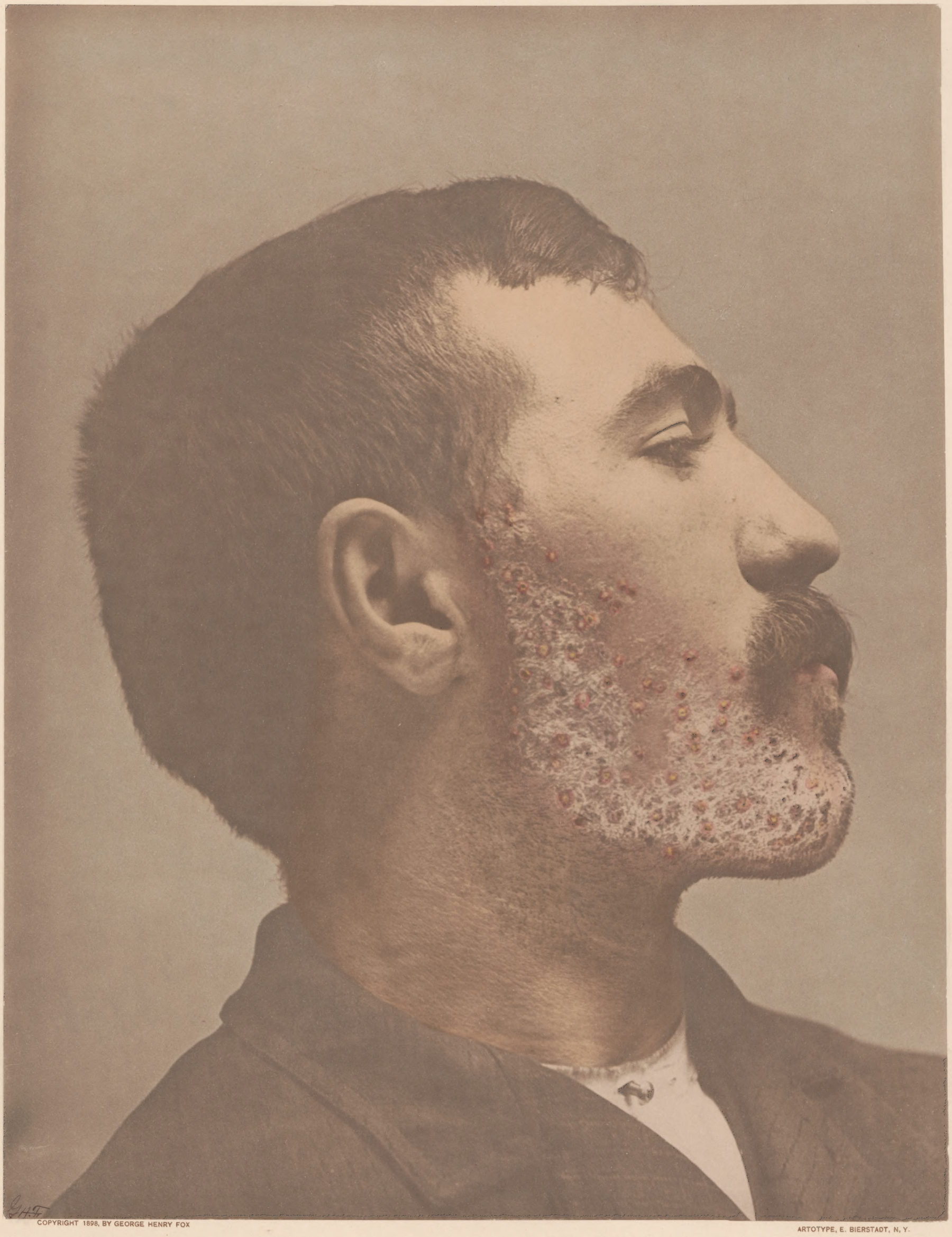
SYCOSIS

Sycosis, a disease peculiar to adult males, is the result of an inflammatory process in and around the hair follicles. Deep suppuration usually occurs and the pus reaches the surface of the skin between the hair and the follicular wall. The characteristic lesion thus formed consists of a pustule in the centre of which is a loosened hair. The disease usually attacks the bearded portion of the face, although other hairy parts are sometimes affected. It differs from eczema in causing a loosening of the hair, and in not extending from the bearded portion of the face upon adjacent regions which are not hairy. It is always non-parasitic, and the disease which is sometimes called sycosis parasitica is an entirely distinct disease, *viz.*, trichophytosis, or ringworm of the beard.

In the accompanying illustration the limitation of the disease to a hairy part is well shown upon the cheek and chin. An unusual amount of scaling and crusting is seen in this case (the patient having gone several days without shaving), but a few of the characteristic pustular lesions may be noted.

The cause of sycosis, especially when occurring upon the cheeks, is not always readily determined, but on the upper lip it is frequently the result of a chronic irritating nasal discharge.

Epilation of the loose hairs and such others in the inflamed area as will yield to gentle traction is one of the most effective methods of treatment. It speedily relieves the tenderness and swelling in most cases, although the operation may prove extremely painful when a high degree of inflammation is present.



ARTOTYPE, E. BIERSTADT, N. Y.

SYCOSIS.

SCROFULODERMA

Although the term scrofula has always had a somewhat vague significance and various skin diseases have been attributed to its influence, the name scrofuloderma has a more precise meaning. It is applied to chronic suppurative inflammation occurring in strumous or tuberculous subjects, and usually in connection with glandular inflammation of the neck or elsewhere. Though often classed as a form of cutaneous tuberculosis, it presents clinical features which differentiate it from the common forms of this disease. In place of the small nodules which are characteristic of lupus vulgaris and the papillomatous growth found in cases of tuberculosis verrucosa, we have in scrofuloderma an indolent undermining ulceration of the skin with more or less of crusting, and a marked tendency to the formation of reticulated or puckered cicatrices.

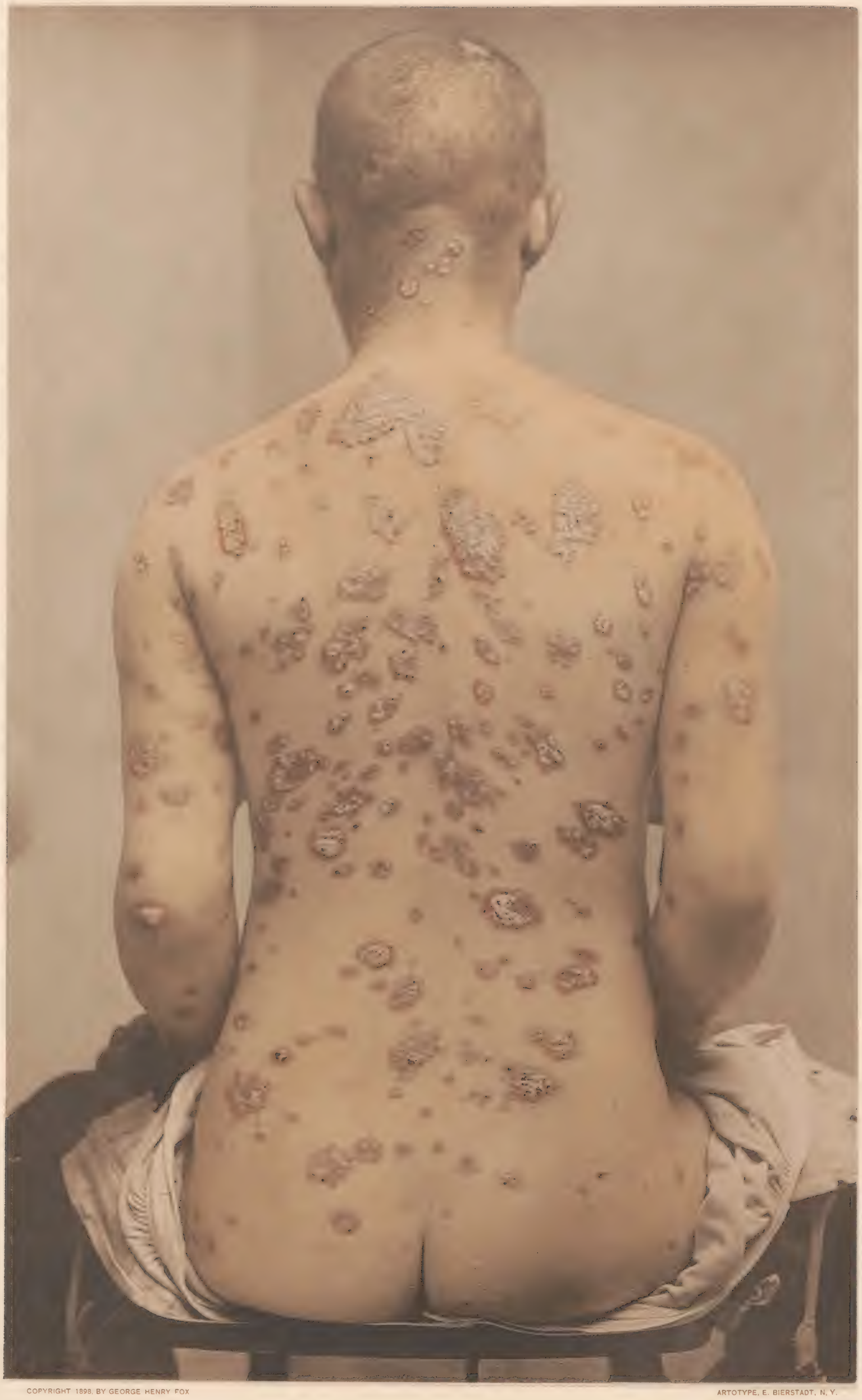
The subject of the accompanying portrait, a boy aged twelve, of German parentage, was brought to the Vanderbilt Clinic by Dr. H. J. Wallhauser. There was no evidence in the case of inherited tuberculosis, and the ulceration of the cheek and neck was attributed to a fall when four years of age. From this time the boy had been in delicate health, and extensive ulceration had occurred upon either side of face and near the elbows. He had suffered also from a dactylitis of the right index finger. The large patch upon the right cheek began as a suppurating tumor and the resulting ulceration pursued a characteristic indolent and obstinate course, extending up beneath the eyelid and down across the anterior surface of the neck. The illustration shows an ectropion of the lower eyelid and a slight deformity of the ear, produced by partial cicatrization.

SCROFULODERMA.

SYPHILODERMA PAPULO-SQUAMOSUM

While the small papular syphilide usually disappears without any desquamation, the large flat papular syphilide is apt to present scaly discs which bear a strong resemblance to psoriasis and were formerly designated as syphilitic psoriasis. These scaly lesions when numerous are apt to occur in groups, forming irregular patches like the tuberculo-squamous syphilide seen in a later stage of the disease. The scales do not cover the whole of the papule as they do in psoriasis, but usually leave a reddish peripheral margin of infiltrated skin. Furthermore, while they may occur upon the extensor aspect of the extremities, and even upon the elbow as seen in the illustration, they are more likely to occur upon the thinner skin of the flexor surface, and frequently are seen upon the bend of the elbow and the popliteal space, where psoriasis never occurs. While the infiltration of the skin in the papulo-squamous syphilide is very marked, the scaling is usually comparatively slight. In psoriasis, on the other hand, the scaling is commonly found to be greatly in excess of the infiltration.

The eruption shown in the accompanying plate occurred several months after infection, as may be inferred from the grouping of the lesions which is never seen in the early lenticular syphilide. While the eruption presents a notable resemblance to psoriasis, its syphilitic nature might be inferred from the existence of lesions upon the nucha, where psoriasis is not commonly found, from the fact that the scaling is limited to the central portion of the infiltrated patches, and from their characteristic irregular border. In coalescing psoriatic lesions a circumscribed and scalloped border would be observed.



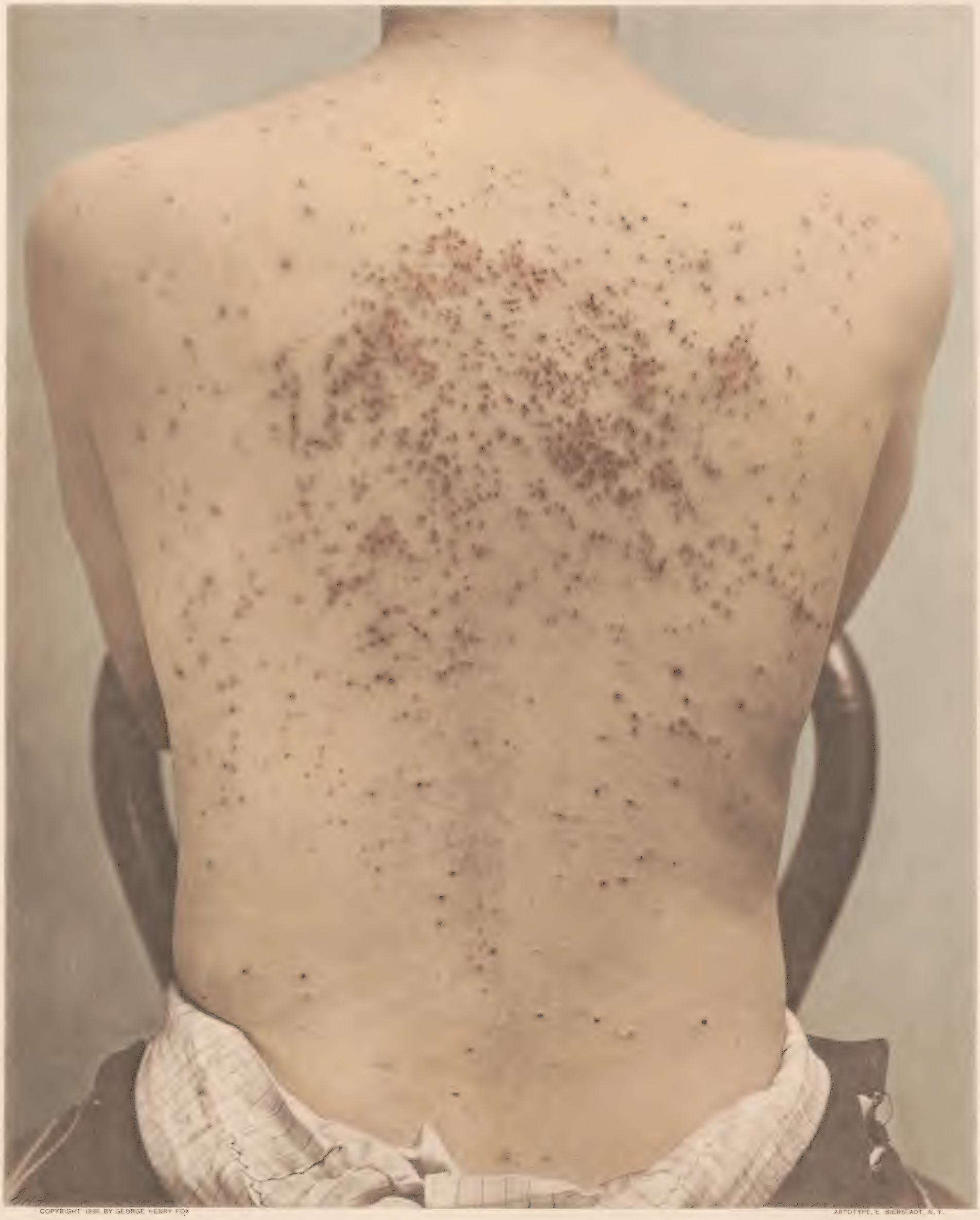
ARTOTYPE, E. BIERSTADT, N. Y.

SYPHILODERMA PAPULO-SQUAMOSUM.

ECZEMA PAPULOSUM

While in most cases of eczema we find a diffused inflammation of the skin, in the papular form of the disease the congestion begins in and is limited to the follicular plexus. A small red papule is thereby produced which is very apt to become excoriated by the finger nails, owing to the intense itching which is a prominent feature of the disease in every form. When the lesions remain discrete the eruption is a dry one and to this condition the older dermatologists applied the term "lichen." But in most cases of papular eczema the lesions tend to aggregate in groups and by increase in number to form diffused patches, which soon present the moist exuding surface, which is the most characteristic symptom of eczematous inflammation. It is for this reason that the old term lichen simplex has become obsolete, and the eruption is now generally recognized as a form of eczema. In scabies urticaria and prurigo the papular form of eczema is often artificially produced by the irritation of the skin resulting from continued scratching, but frequently the eruption is of internal origin and develops spontaneously. It may occur upon various portions of the body, and is often noted in the vicinity of an exuding patch.

In the accompanying plate discrete papular lesions are seen scattered over the back, while in the interscapular region the tendency to grouping and the formation of inflamed patches is clearly shown. The eruption was of an acute character in this patient, and quickly yielded to zinc ointment locally, with twenty grains of acetate of potash taken in a tumbler of water before each meal.



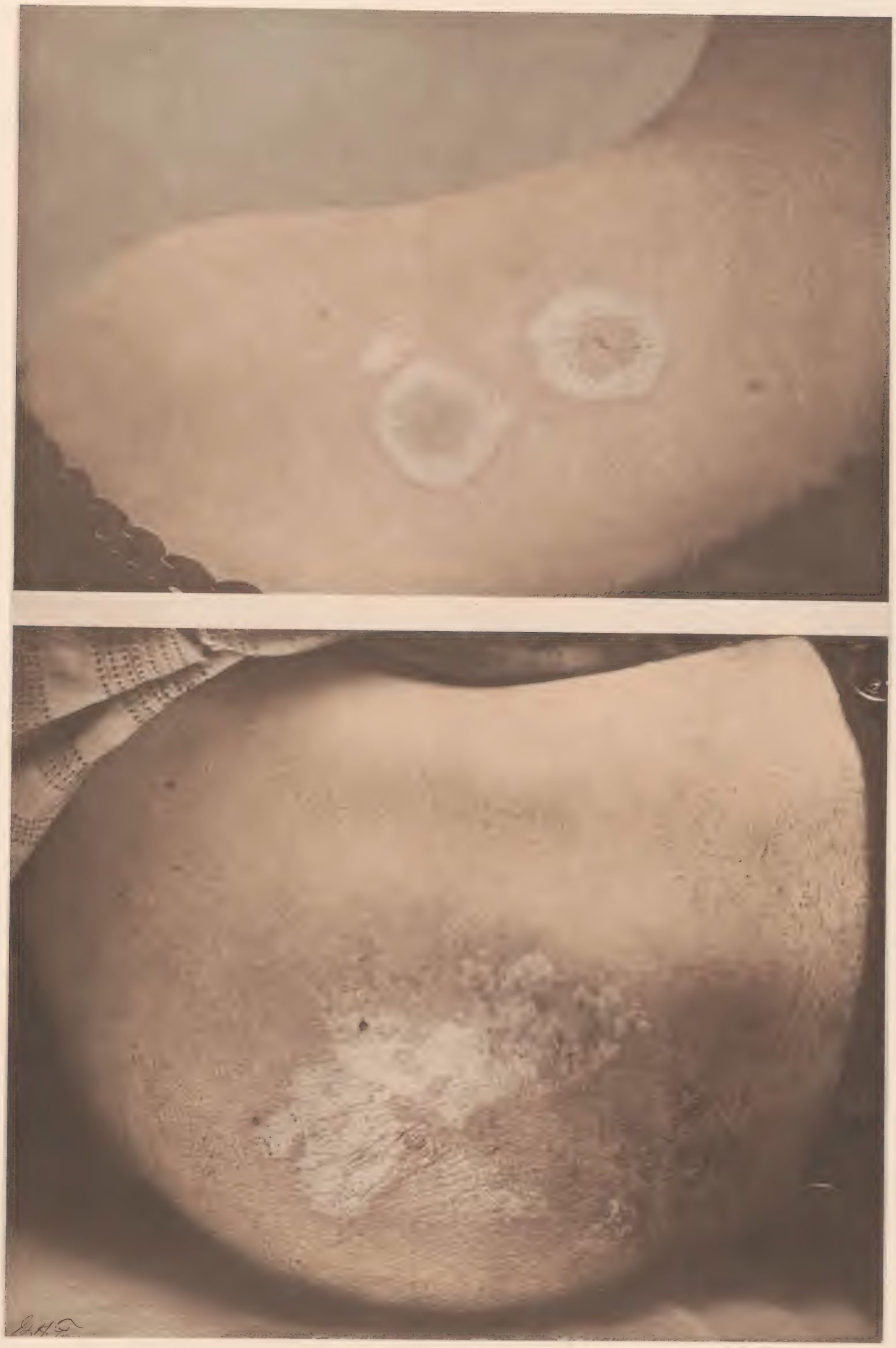
ECZEMA PAPULOSUM.

MORPHŒA

Morphœa begins by the development of small spots which at first are smooth and of a dull whitish hue. These become wrinkled and of a horny character as they increase in size. The patches are usually surrounded by a faint zone of a peculiar violaceous tint. They develop slowly, persist indefinitely, and sometimes disappear spontaneously.

In the upper illustration is seen a rare form of morphœa occurring in circles upon a woman's shoulder. The disease was of several years' duration, having begun on the right forearm. Minute whitish spots soon were found on both arms. Many of these coalesced, forming irregular or oval patches. The rings upon the shoulder appeared as though sunken or inserted into the skin and were surrounded by a faint lilac hued halo.

In the lower illustration a more common and typical form of the disease is shown upon the right hip of a man aged thirty-six. The patch was of eighteen months' duration, having begun in the form of several small whitish spots, which multiplied and coalesced as they increased in size. This composite patch was irregular in form and presented the dense fibrous condition of the skin with the shrivelled surface which is usually characteristic of a well developed case. Upon the patient's right calf the disease had existed for two years. The skin in this region was slightly hidebound, as in cases of scleroderma, and presented an atrophied or cicatricial appearance. The galvanic current was used with beneficial effect in this case.



ARTOTYPE, E. BIERSTADT, N, Y.

MORPHŒA.

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PART VI.

PITYRIASIS SEBORRHOICA
CHROMOPHYTOSIS GUTTATA
PSORIASIS GYRATA
PITYRIASIS DIFFUSA
FIBROMA
(TWO ILLUSTRATIONS)

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PITYRIASIS SEBORRHOICA

The disease portrayed in the accompanying plate is one to which has been applied a bewildering variety of names. It is most frequently found upon the scalp in varying degrees of severity, and in its mildest form is commonly recognized as "dandruff." The dermatologists have called it pityriasis, seborrhœa, erythema squamosum, eczema squamosum, eczema marginatum, eczema seborrhoicum, dermatitis seborrhoica, etc., etc., and differ widely in their descriptions and views as to its precise nature. It is essentially a branny desquamation of the skin, associated with slight superficial inflammation, running an acute, subacute or chronic course, and presenting rounded discs, rings or diffused patches with either a marginate or an indistinct border. From a clinical aspect it should be differentiated from both eczema and psoriasis, to either of which it may bear a strong resemblance.

Although pityriasis is always a dry eruption, it may become the seat of a secondary eczema, especially upon the legs and when occurring in patients with a disposition to the latter disease. Upon the scalp and also about the nasal, sternal and interscapular regions, where the skin is naturally oily, the desquamation is frequently of a greasy character. From this fact originated the erroneous idea that the eruption resulted from a perverted function of the sebaceous glands. The affection may be accompanied by moderate pruritus and usually yields to the application of mildly stimulating ointments.

ARTOTYPE, E. BIERSTADT, N. Y.

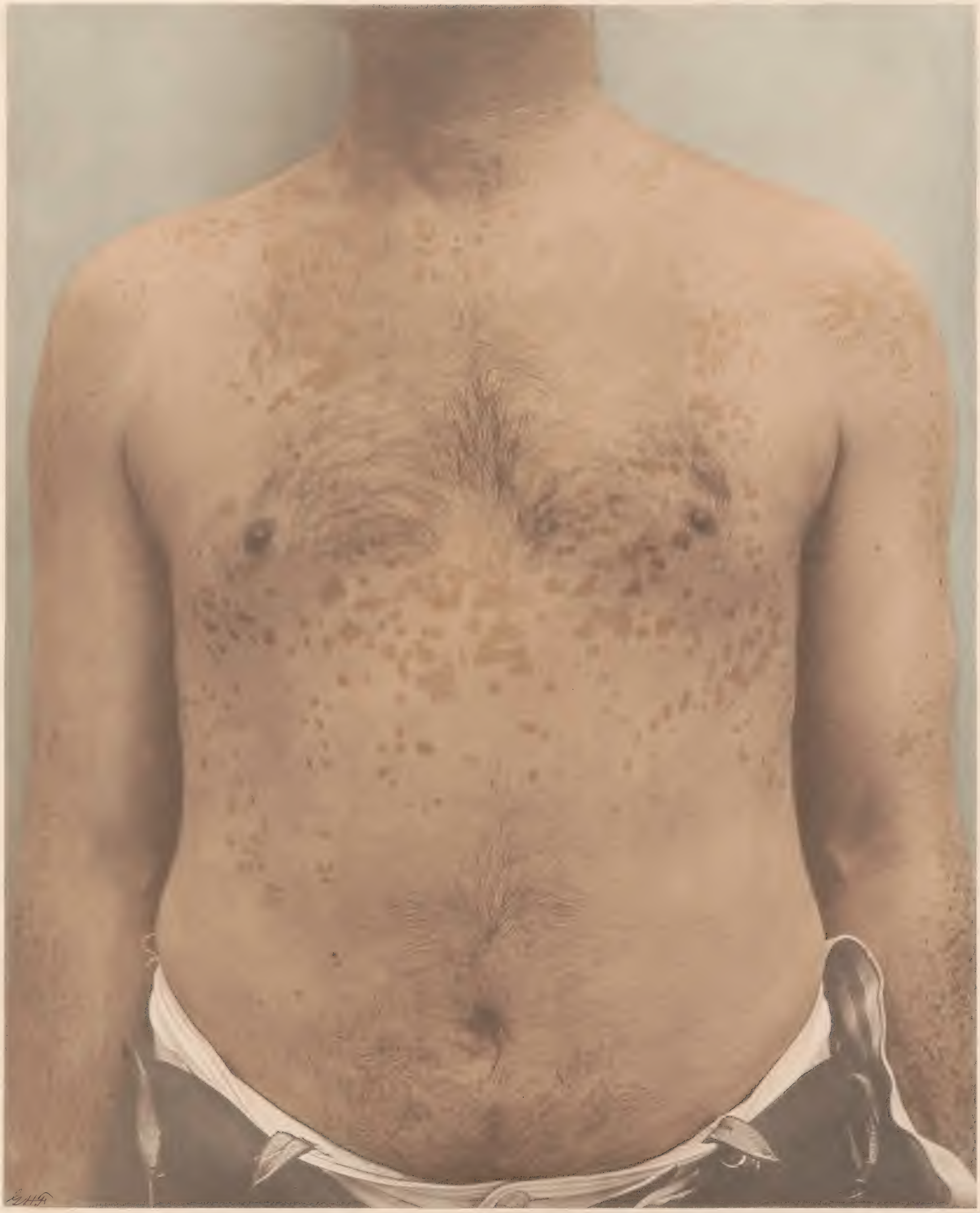
PITYRIASIS SEBORRHOICA.

CHROMOPHYTOSIS GUTTATA

Chromophytosis is a parasitic disease which may be regarded as being upon rather than in the skin, inasmuch as only the external layer of epidermic cells is affected by the growth of the fungus. The upper portion of the trunk is its ordinary seat. It is rarely, if ever, seen upon the face, and only in severe cases does the eruption extend down the abdomen to the pubic region.

The eruption begins in the form of minute yellowish spots, which gradually increase in size and number. By their coalescence numerous guttate or irregular patches are formed. These macular lesions are of a light yellowish brown color and may be very slightly elevated above the surface of the skin. When scratched by the finger nail a moderate degree of scaliness or roughness of the epidermis is produced. A mild pruritus is sometimes present, but usually there is no subjective sensation, and in patients who bathe rarely the eruption may exist for a long time before it is accidentally discovered.

The accompanying illustration represents a very common and typical form of the affection upon the anterior portion of the chest. The lesions, varying in size from a pin-head to a split pea, may be seen both isolated and coalescing into irregular patches. A few will be noted upon the shoulder and upper arm and distinguished by their pale chocolate or fawn color from the brownish freckles upon the extensor aspect of the forearms. The eruption was quite symmetrical, and in this case similar lesions existed upon the inter-scapular region.



ARTOTYPE, E. BIERSTADT, N. Y.

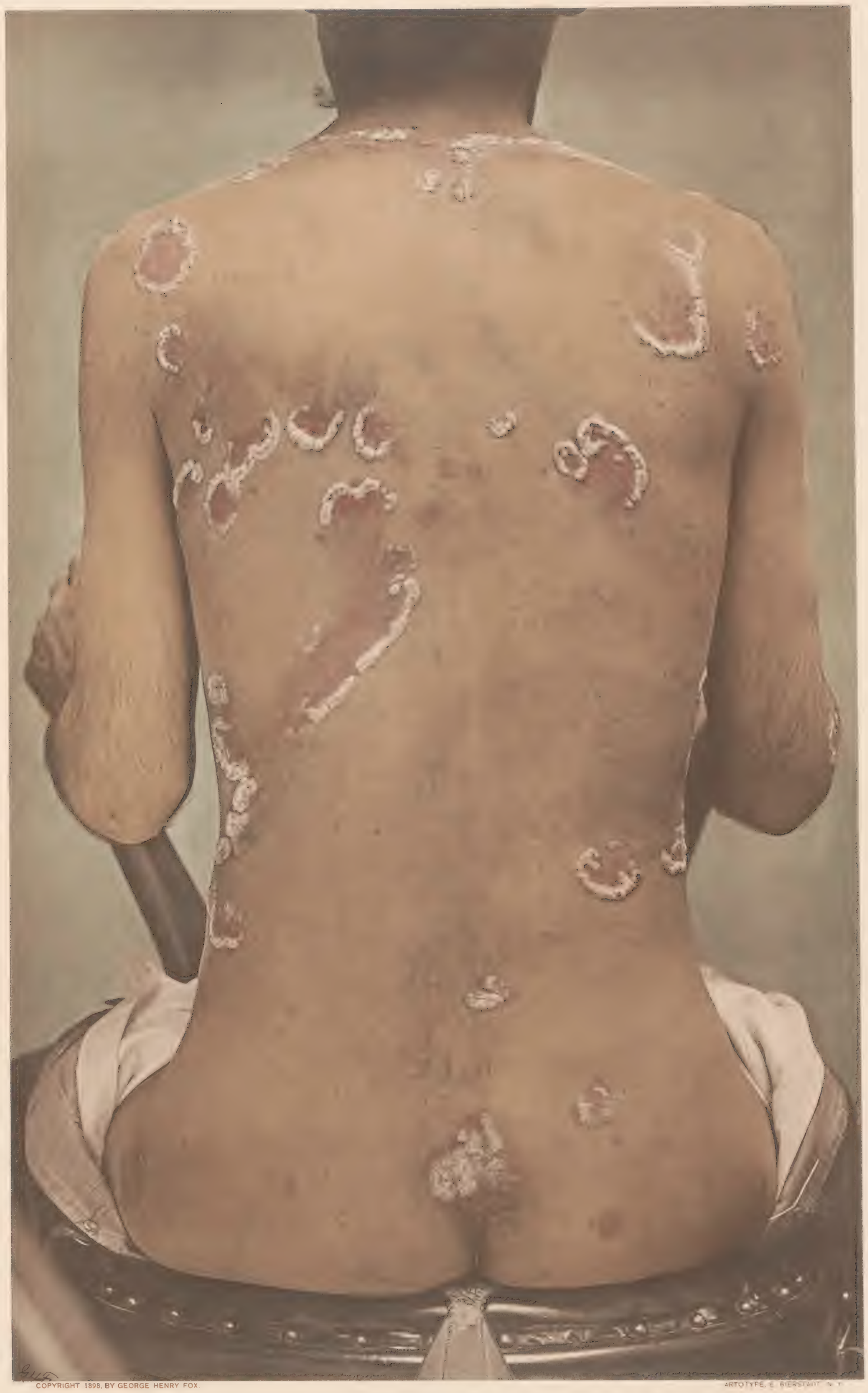
CHROMOPHYTOSIS GUTTATA.

PSORIASIS GYRATA

The pioneers in dermatology were accurate observers and carefully noted the variations in clinical form which the common skin diseases are liable to present. While they may have laid undue stress upon certain peculiarities of configuration, we are certainly indebted to them for many descriptive adjectives which are still in use and which convey to the mind a clear impression of the most striking clinical features of an eruption. Psoriasis is always of the same nature whatever form the eruption may assume, but for descriptive purposes, terms like punctata, guttata, nummulata, circinata, gyrata, and diffusa are of great convenience.

While in many cases of psoriasis the lesions may retain a punctate or guttate form, there is usually a tendency of the scaly discs to enlarge peripherally. In this manner are produced the nummular or coin-like and the large rounded diffused patches. When small rounded patches coalesce an irregular patch with a scalloped border is formed. Frequently the psoriatic disc manifests a notable tendency to heal in the centre, like ringworm and syphilitic lesions. In this manner is produced the circinate form of psoriasis, and when the ring develops in a serpiginous or creeping manner, part of the circle is apt to disappear, leaving a gyra or curved line of silvery scales.

In the illustration may be noted both guttate, diffused, circinate and gyrate lesions, and also the pigmentation of the skin which is frequently left after the disappearance of a psoriatic patch.



PSORIASIS GYRATA.

PITYRIASIS DIFFUSA

In the case of the patient who was the subject of the accompanying illustration, the eruption was of four months' duration, having begun in the form of numerous small, scaly, punctate and guttate patches. These coalesced and formed diffused marginate patches of a purplish red hue and with a very slight amount of mealy desquamation. The eruption was found upon the scalp, face, arms, axillæ and pubis, and especially upon the sternal and spinal regions. There had been considerable scaling and itching at the outset, but there was little at the time the photograph was taken.

The diagnosis in this case was perplexing. The peculiar purplish hue was a notable feature and was strongly suggestive of lichen planus, but there were no angular, flattened lesions typical of this disease. The eruption presented certain features suggestive of both eczema and psoriasis, but there was no tendency to exudation, no evidence of scratching, nor any formation of silvery scales. A diagnosis of eczema seborrhoicum, eczema marginatum or seborrhœa pityriasiformis might have been made, but after a careful study of the case it seemed evident that the smaller lesions were essentially the same as those found in cases of pityriasis maculata *seu* rosea, and hence the diagnosis of pityriasis was made and a descriptive adjective appended which would suggest the occurrence of large, smooth patches, instead of the branny discs and rings which are more commonly observed in this disease.

ARTOTYPE, E. BIERSTADT, N. Y.

PITYRIASIS DIFFUSA.

FIBROMA

Fibroma cutis is a growth of connective tissue which gives rise to tumors of varying size and appearance. These are painless and benignant in character. A very common form of the disease is the small, hemispherical nodule of firm consistence, often seen upon the face and known as nævus fibrosus. Multiple fibromata of larger size are commonly found upon the trunk. The smaller tumors are rounded and sessile, but as they increase in size they manifest a tendency to grow pedunculated, and the larger ones, on account of their weight, become pendulous. While some of the smaller tumors present a certain degree of firmness, the larger ones are always flaccid and pouch-like, and pressure with the finger shows that there is a thinning of the corium at the base. Occasionally a pendulous fibroma increases gradually and forms a pyriform tumor of enormous size. Its surface may be smooth and white or appear dotted with enlarged sebaceous glands, with more or less redness of the dependent portion. Sometimes the skin hangs in one or more folds from a broad base, a condition which has been termed pachydermatocele and dermatolysis.

The negatives taken of the patient shown in the accompanying plate were kindly sent to me by Dr. W. A. Gibson, of Michigan. The man was a laborer and the tumors had been slowly multiplying for many years. Though having no effect upon his general health, their number and size interfered seriously with ordinary manual work.

FIBROMA.

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PART VII.

IMPETIGO CONTAGIOSA
LUPUS SERPIGINOSUS
SYPHILODERMA PUSTULOSUM
PURPURA
ECZEMA CRURIS
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IMPETIGO CONTAGIOSA

Contagious impetigo is an acute affection characterized by the development of flattened vesico-pustules which usually reach the size of a nickel in about a week, become umbilicated, and finally dry and form yellowish crusts. When these lesions are scratched and irritated, as often happens, dark blood-stained crusts and superficial excoriations are commonly present. If not torn by the finger-nails, the yellowish crusts appear as though they were stuck upon a normal skin, and after falling leave a slightly reddened surface. The disease is most common in childhood, and usually affects the face and hands. More or less itching is always present, and wherever the skin is abraded by the finger-nails the germs of the disease are carried, and at this point a characteristic lesion develops and runs its usual course unless this is modified by scratching or prevented by treatment.

In the accompanying portrait the most typical lesion will be noted below the right angle of the mouth. This has not as yet reached its full size, but shows plainly the depressed center and the vesicular periphery. The other lesions have been scratched and torn by the nails, but still show the superficial character of the eruption. Although some of the lesions have coalesced through proximity, there appears no tendency to the formation of a group or patch, as would be the case in pustular eczema (impetigo simplex), in which disease the crusting is always the result of an aggregation of small pustules, which pour out a yellowish, honey-like exudation.

ARTOTYPE, E. BIERSTADT, N. Y.

IMPETIGO CONTAGIOSA.

LUPUS SERPIGINOSUS

Lupus vulgaris commonly attacks the face, the isolated nodules slowly coalescing and forming a raised patch. In exceptional cases, however, it may appear also upon the neck, trunk, and extremities. Though usually a disease of very slow development, it may occasionally run a comparatively acute course, though never spreading with the rapidity which characterizes the development of a tubercular syphilide, to which it often bears a strong clinical resemblance. Although lupus vulgaris usually presents a definite type, there are variations in its clinical appearance which have given rise to various names, such as lupus disseminatus, lupus verrucosus, lupus exedens, lupus serpiginosus, and others.

In the serpiginous form of the disease the nodules coalesce and gradually disappear from the central portion of the patch, either with or without ulceration, and leave a cicatricial area which may be dotted here and there with islands of lupus tissue. The margin of the slowly spreading patch is raised and often covered with crusts, resulting from the softening and ulceration of the peripheral nodules. This form of the disease is very apt to occur upon the neck, especially in strumous or tuberculous subjects, and is more likely to occasion pain, or discomfort, than is lupus of other regions.

In the case of the patient portrayed in the accompanying illustration, aged thirty, the disease began at fifteen, as a group of small reddish nodules. This gradually increased in size, and in ten years involved the greater portion of the neck anteriorly. A patch on the left hand was of eight years' duration, and one on the tip of the nose of subsequent development.

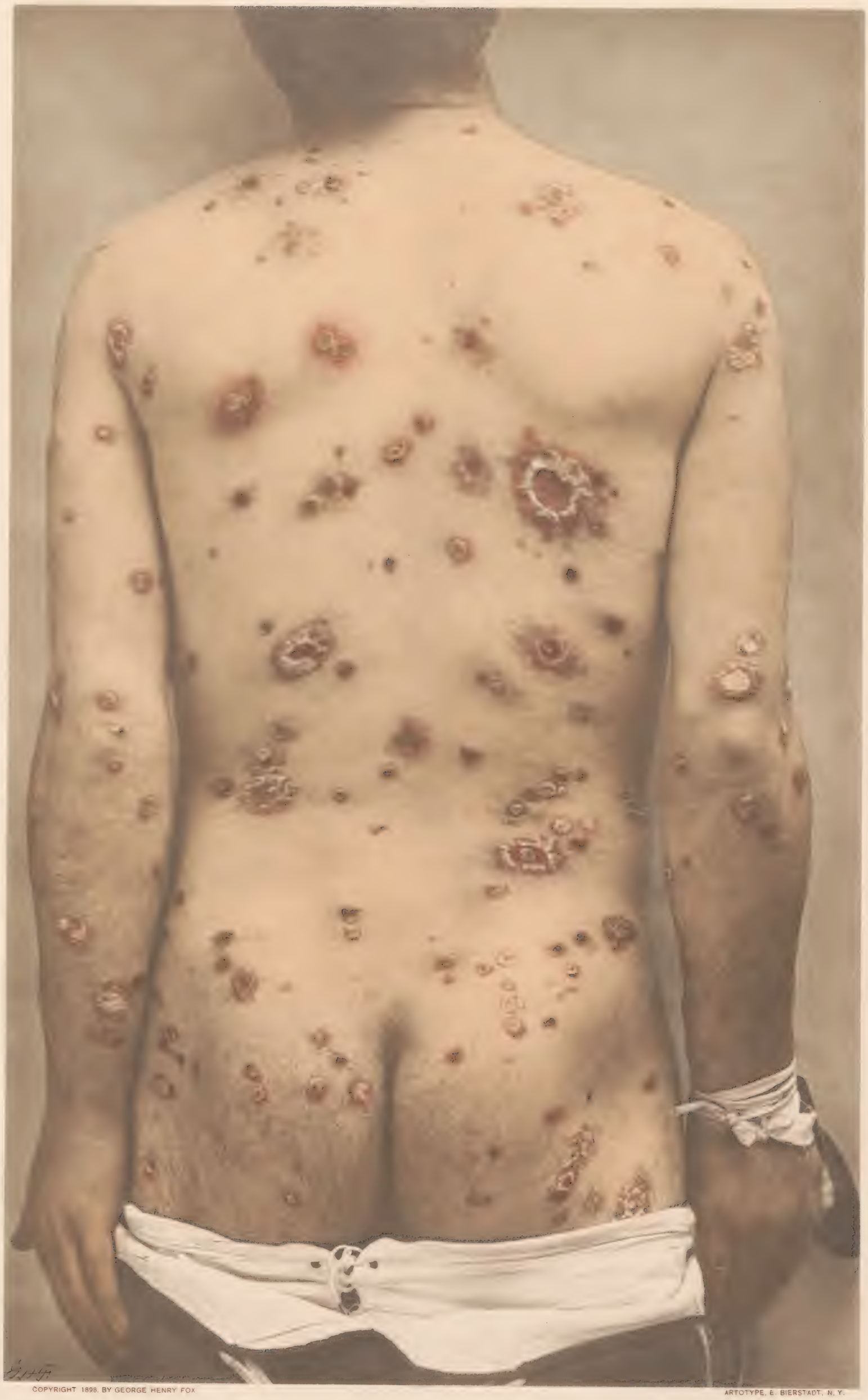
LUPUS SERPIGINOSUS.

SYPHILODERMA PUSTULOSUM

Pustules of various size and form occur in the early disseminate eruptions of syphilis and constitute the true pustular syphilide. The softening tubercles and suppurating dermatitis occurring in the later eruptions are conveniently described in accordance with custom as the pustulo-crustaceous syphilide, although well-developed pustules rarely occur at this stage.

The pustular syphilide, like the papular form of the disease, may consist of small or large lesions. In the former case they are usually numerous and may be conical (acne-form) or rounded (variola-form). In the latter case they are fewer in number and manifest a tendency to increase in size and to become crusted (ecthyma-form). The pustular syphilide may occur as a relapsing eruption a few months after the earliest secondary outbreak, but generally it develops from a small or large papular syphilide through suppuration of the individual lesions. Frequently macules, papules, and a few pustules are found to co-exist and constitute a mixed eruption.

The accompanying plate shows an early pustular syphilide in which the lesions, instead of being small and rounded, manifest a tendency to remain flattened as they increase in size. The photograph was not taken until the eruption was beginning to disappear, and while a few lesions are still typical and ecthymatous in character, the older ones have mostly dried in the center, leaving a crusted, serpiginous ring.

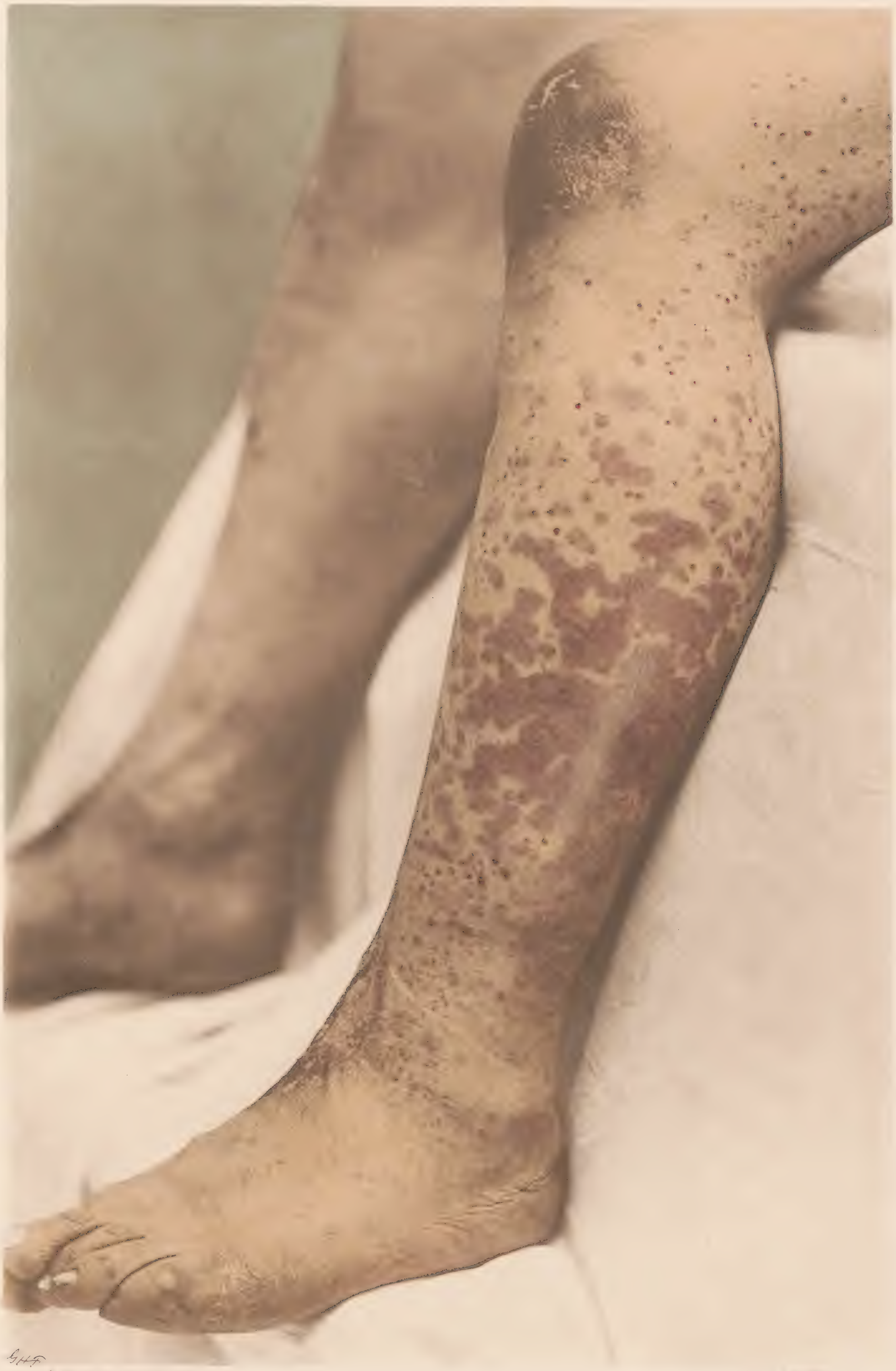


SYPHILODERMA PUSTULOSUM.

PURPURA

Hemorrhage into the cutaneous tissues, when spontaneous and superficial, gives rise to an eruption of smooth lesions of varying size known as purpura simplex. These are bright blood-red spots at the outset, becoming dull or purplish after a few days. In some cases they do not increase in size, but usually they enlarge and often coalesce into patches. When the hemorrhage occurs in the follicles the lesions may be elevated (purpura papulosa). In severe cases there is usually more or less bleeding from some of the mucous membranes (purpura hemorrhagica). When this hemorrhagic purpura is the result of a prolonged abstinence from vegetable food, the disease is commonly known as scurvy (purpura scorbutica).

The accompanying plate shows a well-marked case of purpura in its most common form. The man was a patient in my service at the Skin and Cancer Hospital and had suffered from recurring attacks of purpura of the lower extremities. The present eruption began with numerous small bright-red spots, such as are seen around the popliteal space and above the ankle. Upon the middle portion of the legs they rapidly increased in size, coalesced into irregular patches, and assumed a dull purplish hue. With rest in bed and the administration of the tincture of the chloride of iron in full doses the eruption faded away in about two weeks' time, the patches passing through those gradations of color which are characteristic of a disappearing bruise.



ARTOTYPE, E. BIERSTADT, N. Y.

PURPURA.

ECZEMA CRURIS.

To the student of physiognomy not alone the face but nearly every portion of the body presents characteristic features which indicate the temperament and general physical condition of a patient. The color of the skin, the contour of the joints, the firmness or flabbiness of the subcutaneous tissue—all may furnish unmistakable indications of systemic conditions which determine the clinical form, the chronicity, and often the therapeutic indications in a case of crural eczema.

The accompanying plate shows two legs belonging, respectively, to two female patients and presenting a contrast which makes them well worthy of study apart from their dermatological interest. Compare the knees for an instant and see how easy it is to recognize what the older physicians were wont to describe as the nervous and the phlegmatic temperaments. As a natural result of this temperament, diathesis, general physical condition or whatever it may be termed, we have in the one case a typical neurotic eczema—a dry, scaly, pruriginous, chronic and rebellious patch; while in the other case we have a typical exuding eczema—a moist, swollen, acute, and crusted patch far more amenable to local treatment. In the former case a five per cent. ointment of chrysarobin was used locally while every effort was made to improve the health of the patient. In the latter case the application of vulcanized rubber cloth quickly removed the crusts and checked the discharge.

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ECZEMA CRURIS.

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PART VIII.

CHLOASMA
CHROMOPHYTOSIS DIFFUSA
PSORIASIS CIRCINATA
LICHEN PLANUS HYPERTROPHICUS
TUBERCULOSIS VERRUCOSA
(TWO ILLUSTRATIONS)

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CHLOASMA

Chloasma is an abnormal pigmentation of the skin usually upon the forehead, cheeks and neck. It appears in the form of irregular brownish patches and is commonly bilateral, if not symmetrical.

Its cause is obscure in most cases. The common name of "liver spots," which is often applied to this affection as well as to chromophytosis, is based upon surmise rather than upon any demonstrable relation to hepatic derangement. It occurs often during pregnancy and in connection with uterine derangement, but not with sufficient frequency to warrant the use of the name chloasma uterinum which was formerly in vogue.

It is sometimes difficult to distinguish the affection from vitiligo which is due to an opposite condition, viz., a loss of normal pigmentation. The skin surrounding patches of vitiligo is always darker than normal, and on the face this affection may look very much like chloasma. On the other hand, the normal skin surrounding a patch of chloasma is apt to look white by comparison and thus suggest vitiligo. It has been claimed that in the latter affection it is the pigmented skin, while in the former it is the white or normal skin, which shows a concave border, the abnormal patch having always a convex margin. This rule applies generally, but the accompanying illustration furnishes an exception to it, as the pigmented skin has a concave border and there was certainly no vitiligo in this case.

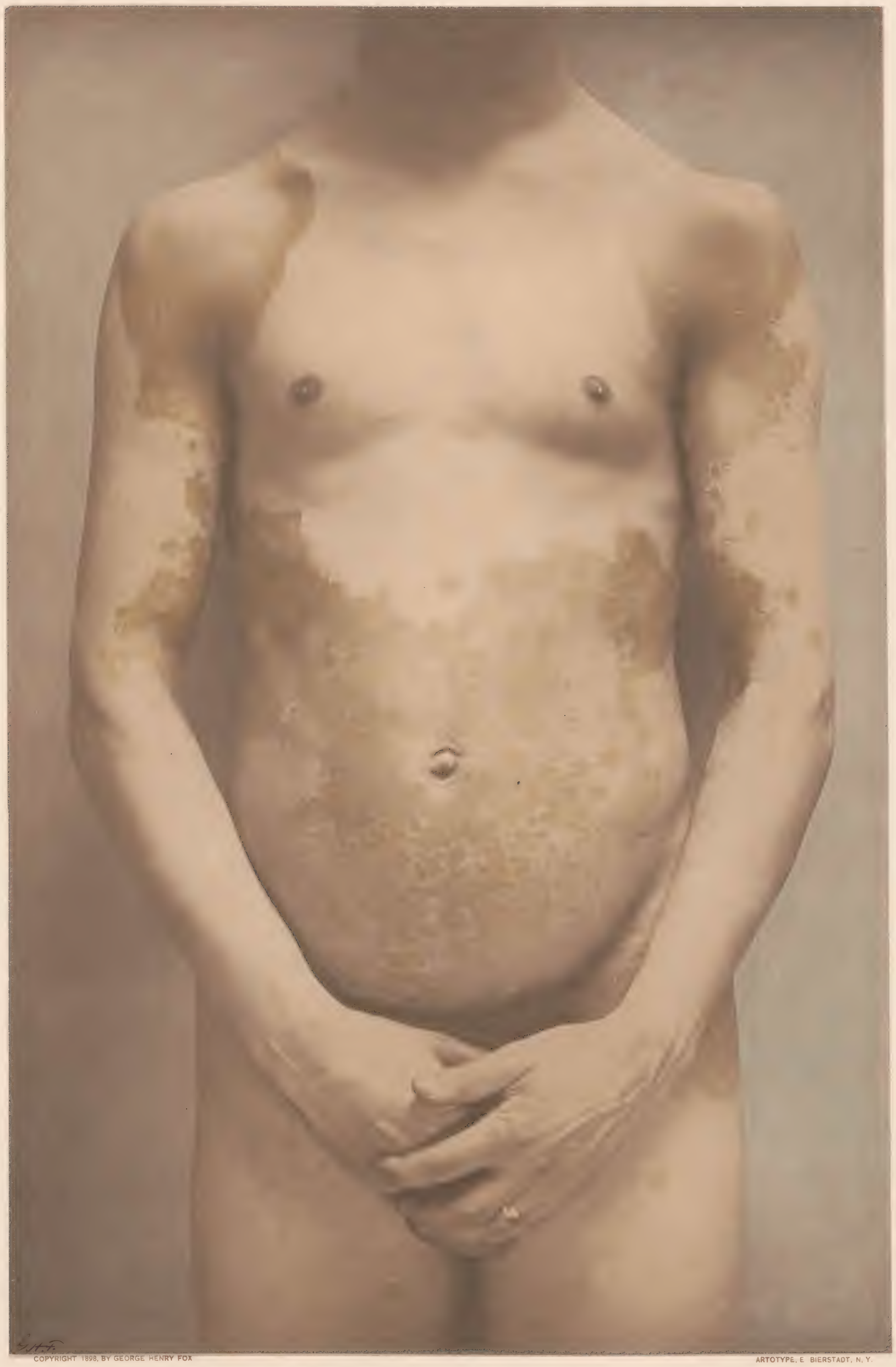
ARTOTYPE, E. BIERSTADT, N. Y.

CHLOASMA.

CHROMOPHYTOSIS DIFFUSA

The accompanying plate shows a case of chromophytosis in which the eruption was of long standing and of an unusual extent. The punctate and guttate spots which were undoubtedly present upon the upper portion of the chest at the outset are now seen only upon the lower portion of the abdomen. Elsewhere they have coalesced and formed smooth, yellowish, diffused patches with a marginate border. A notable feature of this case is the entire absence of the eruption over the sternum—a region in which it is commonly found and to which it is frequently confined. This is the result of excessive perspiration which tends to destroy the parasitic growth, while a moderate amount of persistent cutaneous moisture conduces to its development. This will account for the usual absence of the eruption in the axillary region.

It is quite uncommon to find such well marked patches upon the arms as are seen in the illustration, and only in exceptional cases does the eruption extend down upon the thigh. In severe cases a few small patches often exist unnoticed beneath the hair of the pubic region, and the frequent tendency of the disease to relapse after an apparent cure may be justly attributed to the fact that however vigorously the treatment may be applied to the rest of the affected skin, this region is very apt to be neglected or overlooked.



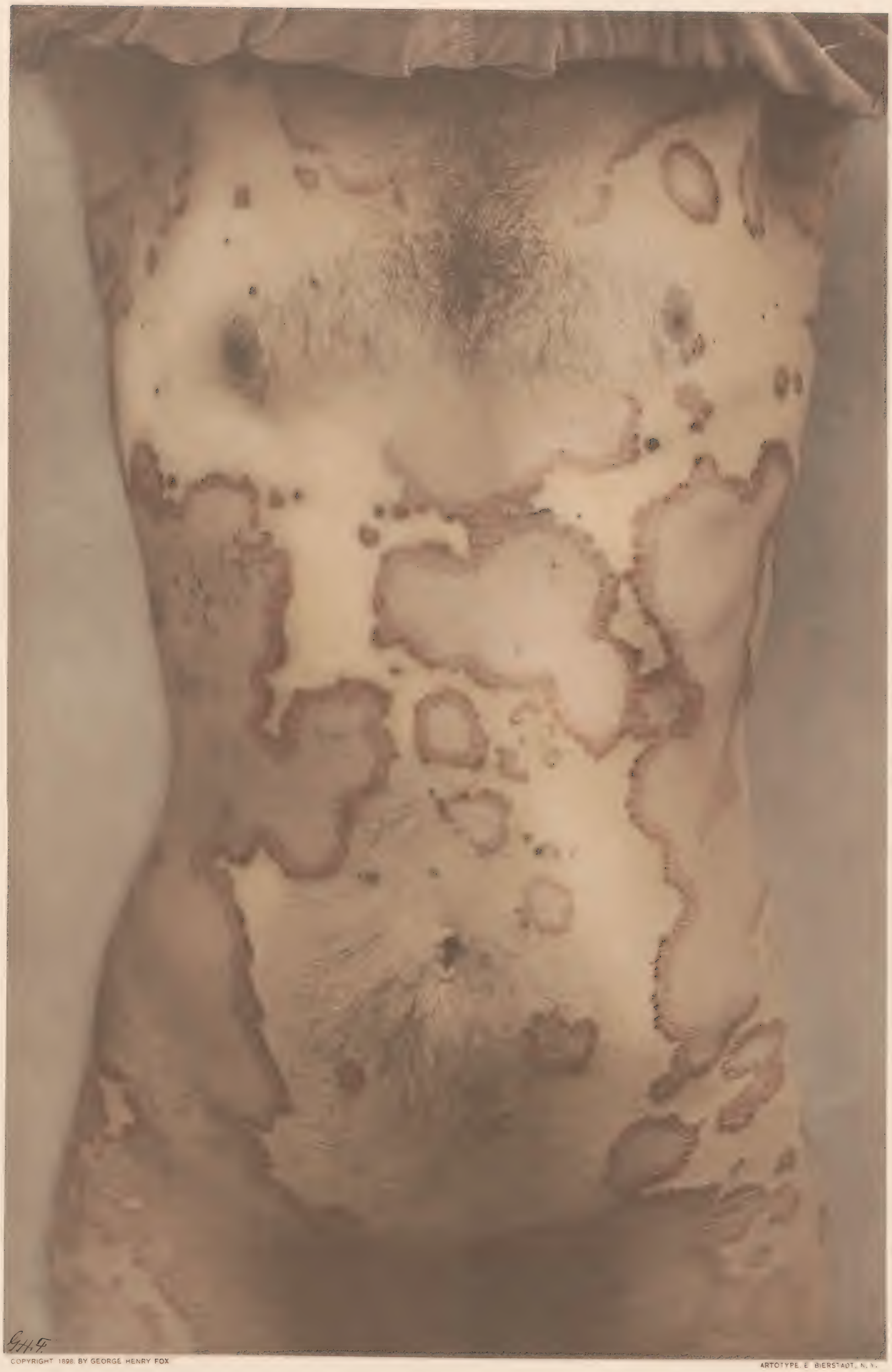
ARTOTYPE, E. BIERSTADT, N. Y.

CHROMOPHYTOSIS DIFFUSA.

PSORIASIS CIRCINATA

The circinate form of psoriasis results from a tendency of the rounded, marginate patches to heal in the center while the border remains thickened and scaly. This is noted in certain cases particularly of the nummular or diffused type. The small lesions do not develop in a circle and enclose a healthy area, as sometimes happens in the tubercular syphilide, but as the patch enlarges in a serpiginous manner the raised scaly border often breaks into small guttate segments.

The accompanying plate shows a case of psoriasis which had lasted for many years, increasing in extent at times and then almost disappearing. This increase and decrease of the eruption, which is a characteristic feature of psoriasis, is due partly to the change of seasons and partly to the change of food which this involves. It also depends upon accidental conditions which exert an influence upon the health and vigor of the patient. The eruption is commonly worse in winter than in summer, and many patients note a marked tendency to an exacerbation in either the spring or autumn months. While it is true that the victims of psoriasis are, as a rule, robust and well nourished individuals, it is also to be noted that in a given case the tendency to the outbreak of new lesions depends largely upon conditions which tend to impair the health or to produce mental or physical exhaustion.

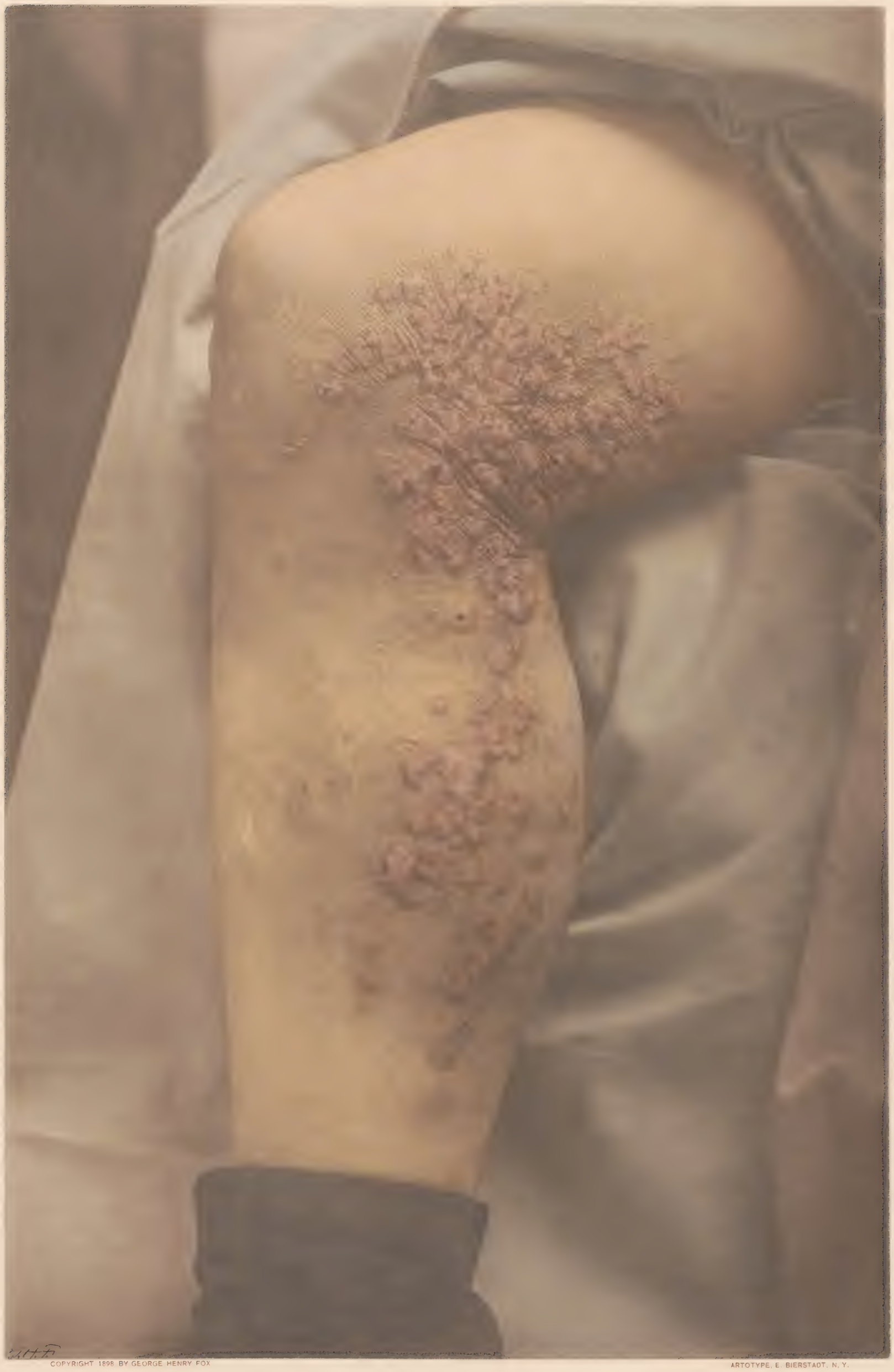


PSORIASIS CIRCINATA.

LICHEN PLANUS HYPERTROPHICUS

Since lichen planus even in its most typical form is apt to pass unrecognized by the physician with limited dermatological experience, it is not surprising that the unusual forms of the disease must furnish of necessity a severer test of diagnostic skill. Acute general lichen planus is liable to be mistaken for a papular eczema, as many of the lesions may be congested and elevated instead of being flattened and shiny. When covering the entire trunk the eruption may bear a strong resemblance at first glance to a papular syphilide, or on account of its unusual development, it may be regarded as a lichen ruber.

The hypertrophic form of the disease is commonly observed upon the lower extremities and occurs in raised patches. Upon the tibial region these often present a greyish, roughened surface and have a peculiar harsh feeling when rubbed with the finger. About the knee and inner aspect of the thighs the irregular patches are apt to be smoother and of a dull crimson or lilac hue, as seen in the accompanying plate. When of long standing these lesions are usually more or less pigmented, and often the seat of a pruritus which is almost intolerable. As a result of this, the lesions may become excoriated, and therefore bear still less resemblance to ordinary lichen planus.

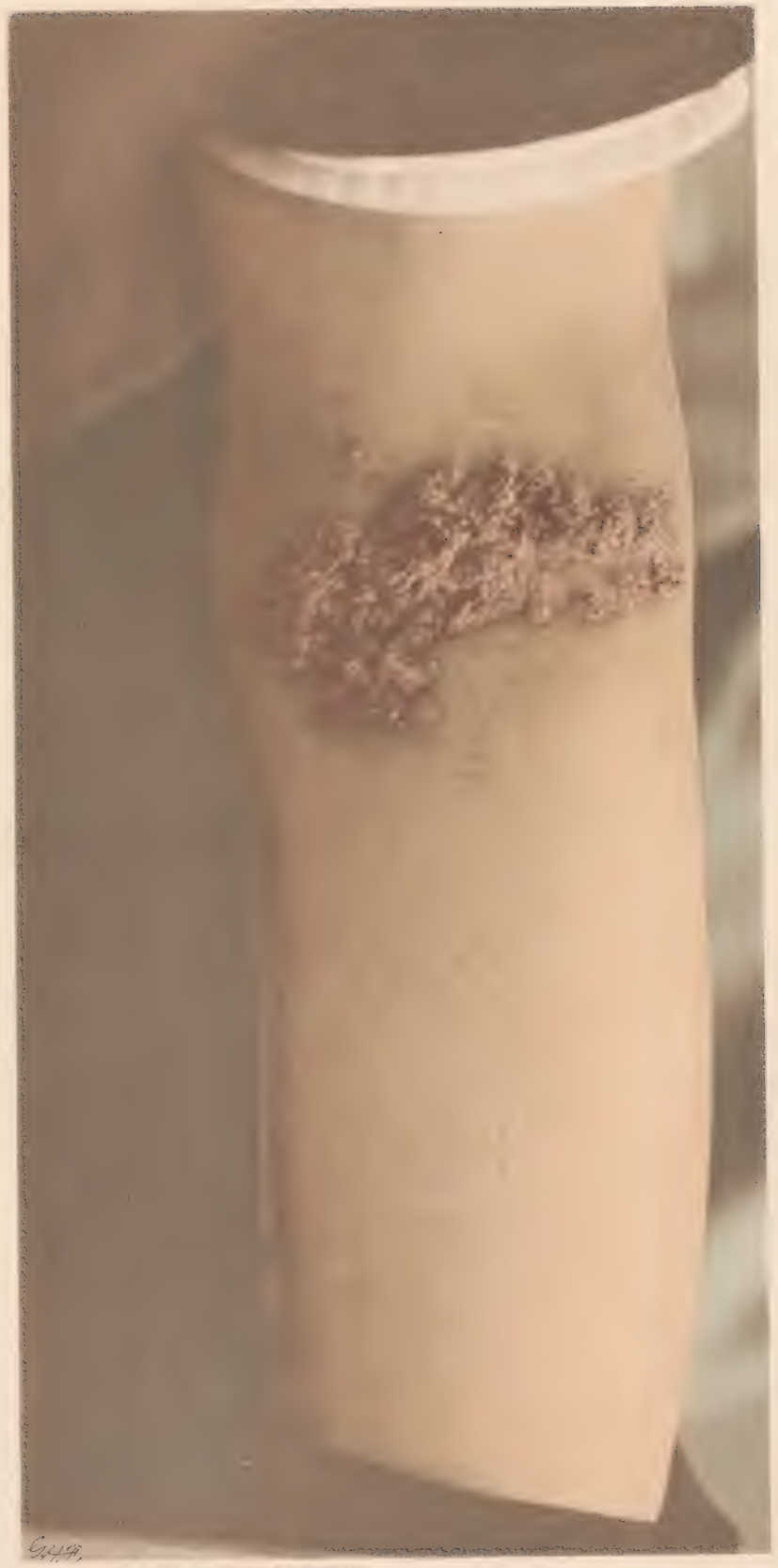


LICHEN PLANUS HYPERTROPHICUS.

TUBERCULOSIS VERRUCOSA

Like lupus vulgaris, the somewhat rare affection known as tuberculosis verrucosa is the result of infection of the skin by the tubercle bacillus. It has been termed by some writers lupus verrucosus, although the characteristic tubercles of lupus are never present. In one patient, I have noted this eruption upon the dorsum of the foot, while a patch of typical lupus vulgaris was present upon the arm. The hands are most frequently affected, and the disease usually begins as a small warty growth over one or more of the knuckles. Its course is a slow one and there is no tendency to spontaneous recovery, although the central portion of the patch may be converted into a cicatricial area. Fissures and raw spots may be noted but there is never any extensive ulceration.

The accompanying plate presents three illustrations of the disease. The upper hand, that of a young man, shows the simplest and most frequent form. The patch has become flattened and manifests a slight serpiginous tendency. The lower hand, that of a man aged forty-five, shows an extensive and typical form of the disease. The eruption in this case improved under treatment at the outdoor department of the Skin and Cancer Hospital, but after the patient had allowed eight years to elapse between visits it was found to have increased considerably in extent. Curetting beneath a spray of ethyl chloride is a plan of treatment which in such cases promises the best results. The boy, nine years old, whose leg is portrayed, had no eruption save the patch in the popliteal space which was of eighteen months' duration.



TUBERCULOSIS VERRUCOSA.

TO MY COLLEAGUES

OF THE

NEW YORK DERMATOLOGICAL SOCIETY

THIS WORK IS AFFECTIONATELY DEDICATED

BY

THE AUTHOR